12345

Reg. Dist. No.

o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE 0- STATE Md	(where deceased in	b. COUNT		sence be	rore comission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) RISING SUN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN Risins		e timits, write	RURAL on	d give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE
3. NAME OF DECEASED (Type or print) William:	Dolphus:	Adams	4. DATE OF DEATH	Mont	12	Day 1	Year 19 56
5. SEX 6. COLOR OR RACE 7. MARRIEI WIDOWED	D NEVER MARRIED 38.	6-17-1890	9. A	GE (In years at birthday) 66 yrs.	Months	Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired) Carpenter 13. FATHER'S NAME	ontractor	RY 11. BIRTHPLACE (SIO	W. Va		12. CI1	-	S.A.
(Vos on as uninous) 1 fill use sive uses as dates of comical	OCIAL SECURITY NO. 17. IN	No ir	iformati	on Address		n.	Md -
Conditions, if ony, which (b)	pound Fracti d left ankle right lower ltiple abras	e and part c leg, lac sions over	ial amperation body.	utati of s	on o	nec f	
CAUSE OF DEATH.	Not while RC	OSSING POA E OF INURY (Home, for ry, street, office bldg., et oute 1	m, 20f. (City or t	own)	le	coc	(Stote)
ACTUAL SIGNATURE R.C. Dod Son:	_	ide, Homicio	EXAMINER CAL EXAMINER	termined o		j. '	DATE SIGNED
7777	22c. NAME OF CEMETERY OR-		22d. LOCATION	(City, town,			(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Rolph M. Reed, E	Riving Sun	md brec	D BY REGISTRAR	24b. R5G1	STRAR'S SI	GNATUI 2/1/	ei atri

VS. A15ME(5) 5M 9/55

HTA10 TO TRADITIONS CHANNES OF HEALTH DATE OF ALTHUR

DECEMBER A. S. BUKEVU V. S.

Reg. Dist. No. 96

a. COUNTY	Cecil		MARY	LAND	O. STATE Dis	trict	of C	lived. If instituti	on: Resider	nce before o	dmission)
b. CITY OR TOWN RURAL ond give Perry	(If outside corporate liminearest town) Point		LENGTH OF STAY				ide corpore	ote limits, write A	RURAL ond	give nearest	town)
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in haspital, a	ive street odd	ress)		d. STREET ADD		h St.	N. W.			RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	Fin	at	Middle C .	1	AMMON		DATE OF DEATH	Decemb		28	Year 19 56
Fenale	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		ATE OF BIRTH	11,18	379	AGE (In years last birthday)	IF UNDER		JNDER 24 HRS
Oa. USUAL OCCUPA during most of w Unknown	TION (Give kind of work orking life, even if retired)	o of Business of Inknown		Alton	, Ill	inois			SA	HAT COUNTR
Unkne							knowi	1			
(Yes, no. or unknown)	VER IN U. S. ARMED FOR I (If yes, give wor or dates of s	CES? 16. SOC ervice)	CIAL SECURITY NO			ords.	VAH	Perry		, Mary	land
	EATH (Enier only one co EATH WAS CAUSED BY, IMMEDIATE CAUSE (c	use per line fo	or (o), (b), and (c).]						QNSET .	AND DEATH
PART 1. D Conditions, if gove rise to couse (a), slotin lying couse los	EATH Enier only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ony, which immediate ong the under.	Arter Arter	(o), (b), ond (c). iosclero tial vase	tic he	art dise	tens	ion			Unk	AND DEATH
18. CAUSE OF D PART 1. D Conditions, if gove rise to couse (a), slotin lying couse los Part 11. C 20a. ACCIDENT N OR CONTRIBUTE UIF EITHER, NOTI	EATH [Enier only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO eny, which immediate on the under.	Arter Arter Arter Arter Difference of the control of the contr	(o), (b), ond (c). iosclero tial vase	tic he	or hyper	tens	LON EVERA	CONDITION GIV		Unk	AND DEATH NO WILL NO WILL NAS AUTOPSY
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the funeral director, shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 showld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 as the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4)

Spiel cris-2 4 5 9 or 1987, Loudson H. cheff I netla Branghall Juden grass Ball adress Cad http:// named a found address and total ... All Accepte the County at the County of the MESTANES AND A SERVICE OF SERVICE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19201 CEPTIFICATE OF DEATH

	1.4	ECT	40017111	147	IL OI DEATH			Reg. Dist	. No. 96)
1. PLACE OF DEATH o. COUNTY	Cecil		MARYL		2. USUAL RESIDENCE (Who o. STATE Maryla		d lived. If institution b. COUNTY	n: Residenc Balti		ission)
RURAL and give	(If outside corporate limit nearest lown)	s, write	24yrs 5mos		c. CITY OR TOWN (IF or	ALTIM		URAL and g	ive nearest to	wn)
OR MICTITUTE	Administrat				d STREET ADDRESS	Baste	rn Avenue	9	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	FRANK	H	Middle		ANTONIAK	4. DATE OF DEATH	Decem!		Day 30	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARR	ELED NEVER MARRIEL DIVORCED		lay 12, 1892		9. AGE (In years lost birthday) 64 yrs.		YEAR IF UN	
10a. USUAL OCCUPAT during most of we Boiler	ION (Give kind of work of prking life, even if retired)	lane 10b.	Vind of Business of Unknown	NDUST	Poland	or foreign co	ountry)	12. CITI		AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	Unknown				Unka	OWE				
(Yes, no. or unknown)	PER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ormant pital Records	, VA	Hospital,	-	Point	t, Md.
Conditions, if gave rise to cause (o), stolin lying couse last	g the under-	Ar	teriosclero	tic	unresolved, heart disease	9			unkr	
3	A	rter:	iosclerosis	, ge	OT RELATED TO THE TERMIN neral, severe (Enter nature of injury in P		- unknow		PER	S AUTOPSY FORMED?
OR CONTRIBUTIN	VAS UNDERLYING DEATH OF MEDICAL EXAMINER)	ZVD. DESI	CRIBE HOW INJURY OC	CURKED.	tenier nature of injury in P	or Lar Pari	II OT HEM 15.)			
20c. TIME OF INJU	JRY Month, Day, Yea	While	Not while	20e. PLAC focio	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City	or town)	(Co	ounly}	(State)
directions	that attended the				, 19 3 2 , 1a Dec accurred at 12:05 P	M, fran	30 1956 the causes a reet, city or town,	nd an th	e date sta	pate signe
PHYSICIAN'S NAME (Type)	M, D M, D M, D	ector	, Profession	nal 8	ervices, VAH.			Md.	12	3-31-56
229. BURIAL, CREMATI	12-31-5		22c. NAME OF CEME Holy Po	TERY OF			timore.	or county)	(SI	tote)
23. FUNERAL DIRECTO			ADDRESS		240. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	7 -7
Fred W. O.	zazewski.193	O Ea	stern Ave. R	alti	more . Md DATE V	3 1	451	trace	Buch	6. 6,

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Rope 4 D HOSPITAL OF PRINCES.

Most be related by the hospital ar ottending physicion.

D FUNERA

RECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours often death. TO FUNERA VS A15 (4) 15M 9/55

he funeral director, shauld be filed with

Miles North Regist which writes acce. Door letype not restant to anniet av their confidence of the second lines. - TECL & WAL de participants TAIDED TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY M MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) O d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF 4. DATE First Middle Last Manth Year Day DECEASED OF DEATH (Type or print) 19 36 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Manths Days WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NITOR 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 112 Church J. K. TON Mel 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) day **DUE TO** Conditions, if any, which gove rise to immediate **DUF TO** coese (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? LEROIIS YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Not while at work at work 21. I certify that I oftended the deceased from Nov. 30 ____ 19_57 ... that I lost saw the deceased and that death occurred at 9.304M, from the causes and on the date stated above. olive on_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) may be 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 0 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Em ain VS A1S (4) Tras DATE

HTABO TO BYADINITIED ASSETS

BUREAU V. &

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO FUNERAL

VS A15 (4) 15M 9/55

ofter death. Page 4

CERTIFICATE OF DEATH

12349 Reg. Dist. No. 94

	PLACE OF DEATH			MARYLAND	- 11	usual Residence (v a. STATE Mary 1 and	Where decease	ed lived. If instituti 6. COUNTY		ce before	odmissi	ion}
1	RURAL and give ne	f outside corporate timi parest town) 1 East	ls, wrile	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I			URAL ond	ive near	est town	1
		AL (If not in haspital, g	ive street			d. STREET ADDRESS	rth Eas	51		e		DENCE / FARM? / NO [
3.	NAME OF DECEASED (Type or print)	fir Mir	**	Middle Rose	Re	ver	4. DATE OF DEATH	Mor Docomb		Day		fear
S.	SEX			RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR I		3.13
F	EMALE	White	WIDOW			bril 25 19	914	lost birthday)	Months	Days	Hours	Min,
100	during most of work Waitress	ing life, even if retired	done 10b.	Coffee Shop	DUSTRY	11. BIRTHPLACE (Sto Marylar		country)		S.A	WHAT	COUNTRY?
13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME					
	Samue1	Herman Pov	(D) 97			Mrytle R	Rose					
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress			
	no			212-01-7508	Mrs	Mrytle R.	Boyer	North I	East.	Mary	land	1
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c	WI	ne far (a), (b), and (c).] ENERAL CO	* RY	VER WI	TA M	ULTIFAL	LURE	INTER	PAL BET	TWEEN DEATH
-	gave rise to in cottse (a), stating lying cause last.	the under-	177	ETASTASIS		INTEST.	1	1	ES E	172	27	lear,
CATIO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B		RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PAR		PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury i	in Part I ar Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. 1 While of war	k at work	factory	OF INJURY (Home, fa , street, office bldg., e	etc.)	ly or lawn)	(0	County)		(State)
	actual	at I attended the	deceas 28 12 40 0	b, and that dea		, 19.56, to curred at 0.25	A.M. fra	m the causes of Street, city or town,	and an th		e state	
	PHYSICIAN'S NAME (Type)	077	01	10GEL V	7.1)						
22	BURIAL CREMATIO REMOVAL (Specify)		957	22c. NAME OF CEMETERY Methodist	OR CE	EMATORY		ATION (City, town,	ar county)	1 00	(State	1)
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS East, Maryland	1	7	C'D BY REGIS		STRAR'S SIG	the same of the same of	the	rmel

CERTIFICATE OF DEATH

BUREAU V. S.

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12350.
-	12365 CERTIFICATE OF DEATH Reg	Dist. No. 9 %
iled wit	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution) Re o. STATE D. COUNTY	sidence before admission)
ld be	b. CITY OR TOWN-(III outside corporate limits, write RURAL grades town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN-(III outside corporate limits, write RURAL grades) c. CITY OR TOWN-(III outside corporate limits, write RURAL grades)	and give nearest town)
pluods & p	d. NAME OF HOSPITAL [If not in haspital, give street oddress] OR INSTITUTION. Memory Hospital	e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) TOHN W. BRAXTON 4. DATE OF OF DEATH DEC.	Day Year / 196 6
. rag	S. SEX 6. COLOR OR RACE 7. MARRIED D NEVER MARRIED 8. DATE OF BIRTH Calcul WIDOWED DIVORCED April 26 1883 9. AGE (In years light brighday) Man	NDER I YEAR IF UNDER 24 HRS. This Days Hours Min.
death.	10a. USUAL OCCUPATION (Give kind of work done during most af working life weight retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)	21. AC
	13. FATHER'S MAME. 14. MOTHER'S MAIDEN NAME Caster By moth	1
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (19. NO. OF Unknown) (11 yes, give wor or detect of service) 217-C9-488888899999999999999999999999999999	to mel
THE STATE OF THE S	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]e PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (e ye bra) Thrombos; S	INTERVAL BETWEEN ONSET AND DEATH
event	DUE 10 , / / / /	3449
d in any	Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause last. (b) (7enemi) led 1+vferio Scleros, 5 Due TO (c)	Years.
Ė	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN In operable, & Birria & hernia.	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO []
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 at wark at war	(Caunity) (State)
	21. I certify that I attended the deceased fram 17/19, 1956, to Dec/, 1956, the alive an Dec/, 1956, and that death accurred at 23/2M, from the causes and a	It I last saw the deceased
} ! ; /	ACTUAL SIGNATURE Walloco Obenshain MD. Cecillan mo	DATE SIGNED 2-Pee-ST
Irar pri	PHYSICIAN'S NAME (Type)	· · · · · · · · · · · · · · · · · · ·
the regis	220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Toyon, or country) 45c, 4/956 76 mile Com.	nty) 1/a (State)
=	23 DIVERAL DIRECTORS ASNATURE ADDRESS ADDRESS DATE DATE	S SIGNATURE
		- Angel

S'A PITTING

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		MARY	AND.	STATE DEPAR	MTS	ENT OF HEALTH	I—BAL	TIMORE, 18	-	123	51
		12	383	CERTIF	IC/	ATE OF DEATH	1	R		Ne. 9	
1.	PLACE OF DEATH	cil		MARYLI	AND	2. USUAL RESIDENCE (WHO O. STATE MARYLAN	ere decease			before ad	
	b. CITY OR TOWN (I	If outside carporate limi	ls, write	c. LENGTH OF STAY IN	и 1ь	c. CITY OR TOWN (If or		rate limits, write RUR	AL and giv	re nearest	lown)
L	Perry Poi	nt,		2mos.22day	nts.	NORT	HEAST				
V	d, name of hospit or institution.	AL (If not in hospitat, g iministrati	on Ho	spital		d. STREET ADDRESS				0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fig.	OMAS	Middle		BROWN	4. DATE OF DEATH	Decembe	r	31,	Yeor 19 56
	SEX		7. MARR	IED NEVER MARRIED	. 🗆	B. DATE OF BIRTH					NDER 24 HRS
	Male	White	WIDOWI		Second	February 18,		Pro-		Pays Ho	
100	during most of work Salesme	king lite, even it retired	dane 10b.	Shoe	INDU	Pueblo, C				EN OF WI	HAT COUNTRY
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N					
Įį.		LIAM D. BR				FLORENC	E LOC				
# 15.	is, no, or unknown)	If yes, give wor or dates of s		SOCIAL SECURITY NO.	1	nformant spital Records	VA H	Address		Pain	+ Ma
H	Yes CAUSE OF DEA	WW-II	usa maa li	Unknown e for (a), (b), and (c).]	ш0.	SPIDAL MODULAN	9 V.25 3.1	OBDITUAL D	6113		
		TH WAS CAUSED BY:			ดทร์	a, bilateral,	าเกทอร	havior		ONSET A	L BETWEEN ND DEATH CAYS
	1113 X	DUE TO		Control price date	0111	a, original,	OLLIA CL	301704		4-2	uays
1	Conditions, if o		C.	arcinoma, so	qua	mous cell type	e, flo	or of		unkr	nwor
	gave rise to in cause (a), stating		m	outh, left							
_	lying couse lost.) (c									
CERTIFIEATION			DITIONS C	ONTRIBUTING TO DEAT	<u>H</u> 8UT	NOT RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIVEN	IN PART	PE	AS AUTOPSY RFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRE	D. (Enter nature of injury in P	art Lar Port	H of item 18.)			
MEDICAL	20c. TIME OF INJUR Have a. p. p. m.	Y Month, Day, Yes	White	Not while of work	Ge. PL for	ACE OF INJURY (Hame, farm, ctary, street, office bldg, etc.)	20f. (City	or town)	(Co	unty)	(State)
	21. I certify th	at Xattended the	decease	ed from Octobe	r	9 19.56 to De	сешве	r 31,,56	5 T A A 5	ו לי ידי בי ג'ו	"ተቀ <i>ተ</i> ያታል
	diseasons		xxl20	contact and that a	leath	occurred at 1: 154	M, fron	n the causes and	on the	date si	ated above
		61011	R	9			ADDRESS (51	reet, city or town, sto		_	DATE SIGNED
	ACTUAL SIGNATURE	W. CYM				M.D. Perry Poi	int, M	aryland		ــــــــــــــــــــــــــــــــــــــ	2-31-56
				rector, Pro	fe	ssional Servic	es,VA	H., Perry	Poin	t, Ma	ryland
220	REMOVAL (Specify)	12-31-5		Arlingto		R CREMATORY Mational		ington, Va		(State)
23.	FUNERAL DIRECTOR	S SIGNATURE)	ADDRESS		14	BY REGIST		AR'S SIGN	4 6	1.7
L	Philipper	sela do	11	Terrolle of	10	a Mol. DATE	4-3	1 men	- °	· Seo	enghl, t.

MBEVO A. Z

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1235	9
		12384 CERTIFICATE OF DEATH Reg. Dist. No.	6
Page director		PLACE OF DEATH a. COUNTY CECIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived II institution: Residence before admis deceased lived II institution: Residence admis deceased lived II	
funeral funeral	K	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town RURAL and give neares) town PERRY POINT C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town NOTTINGHAM	n)
the day sha		OR INSTITUTION ON A	SIDENCE A FARM?
n 24 ha filled in jes 1 on		NAME OF First Middle Lost Lost OF DeceaseD ANDREW BUCHANAN 4. DATE OF DEATH OFCEMBER 9	Year 19-56
mithin rs. Page	5. 5	MALE WHITE WIDOWED DIVORCED JULY 1, 1878 AGE (In years Funder Year Year Funder Year Year	
nd com		1. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER MILK PLANT NOTTINGHAM, PA. 12. CITIZEN OF WHAT NOTTINGHAM, PA. USA	
sician a	13.	FATHER'S NAME ANDREW BUCHANAN KATHARINE ST CLAIR	
ng y		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-05-8938WILMER BUCHANAN PERRYP	DINT
quires that the death igned If y the attending permit. Then pleas in any event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a), stating the under-	ETWEEN DEATH
he law re physician hall been stial-transil and an and and and and and and and and	ICAT!OⅢ	YES	AUTOPSY DRMED?
CIAN: 1 trending brisole brisole trending	AL CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
tal or a this cer ar use a rematical	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o. js. 19 20d. INJURY OCCURRED While Nat while at work of wark 19 20f. (Caunty) 19 20c. PLACE OF INJURY IHame, farm, factory, street, affice bldg., etc.)	(Stole)
L OR ATTENDING d by the hospit ALCTOR: After U(d be detached for prior to buriot, a		21. I certify that I attended the deceased from 1976, to 0 1976, that I last saw the alive on 1976, to 0 1976, that I last saw the alive on 1976, to 0 1976, that I last saw the alive on 1976, to 0 1976, to 0 1976, that I last saw the alive on 1976, to 0 1976, to 0 1976, that I last saw the alive on 1976, to 0 1976, to	
HOSPITA oy be ref FUNERA oge 3 sha e registro	220	NAME (Typo) BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 226. NAME OF CEMETERY OR CREMATORY (Star	tel OA,
Q E Q X € Y3 A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 4
	-		-

WUREAU V. R.

PS ACED AND

		16	000	CERTIF	ICAT	E OF DI	EATH	1		Reg. D	ist. No	. 96	
7	PLACE OF DEATH	IL		MARYLA		USUAL RESIDE O STATE Virg	NCE (Wh	ere deceased	l lived. If instituti b. COUNTY	_	nce befo		ian)
	Perry Poi	.nt,		c. LENGTH OF STAY IN 29 TE 2008 26	11	c CITY OR TO	ARL)	utside corpor	role limits, write f	RURAL and	give ner	2 4	
	OR INSTITUTION	Administra		·		d STREET ADD		Glebe	Road				FARM?
3	NAME OF DECEASED (Type or print)	Fin HARRY		Middle ROLAN		UCKLEY UCKLEY		4. DATE OF DEATH	Decemb		24		Year 19 56
5	SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		ATE OF BIRTH	1890		9 AGE (In years last birthday) 66 yrs	Months		Hours	R 24 HRS Min
不	during most of worki	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTRY			or foreign co			U. S.		COUNTRY
J	3. FATHER'S NAME		-		1	4. MOTHER'S M	AIDEN N	IAME					
1	William	A. Buckles	7			Mabel	le S	impsor	1				
	S. WAS DECEASED EVER		ES7 16.	SOCIAL SECURITY NO	17, INFO			- 7745	Add			M.a	
	Yes	WW-I		None	Hosi	oital Re	cord	A, VAL	I., Perr	y F01	nt,	MG.	
				ne for (a), (b), and (c).]							INT	ERVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Bro	nchopneumon	<u>ia, l</u>	oi latera	11, u	nresol	Lved			1 da	y
	420,1	DUE TO				1 01		3 .			71		
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	tying cause last.	The state of the s		onary scler				CATARA			11	nkno	14TO
1	PART II OTH			ONTRIBUTING TO DEAT						/EN IN PA		9 WAS	AUTOPSY
	\$			•									RMED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	Enter noture of i	njury in F	ort I or Port	If of item 18.)				
1000	20c. TIME OF INJURY Hour a. ji.	Month, Day, Yea	While	Not white	Oe. PLACE factory	OF INJURY (Ho r, street, office b	me, farm ildg , etc.	20f. (City	ar town)		(County)		(Stole)
	21. I certify the	attended the	deceose	ed from Septemb	er 2	8, 1927	to Dec	enber	24, 1956	_XX67-7	1000	APRE	350050
1	QUINTER BUILDING	4		CTAXIX and that d	leoth oc	curred ot_5			the couses of the town,		the da		ed obove ATE SIGNE
	ACTUAL SIGNATURE	seph C	. 2	usberge	2/M.D	VAH.			int, Mar		<u> </u>		TE SIGNE
	PHYSICIAN'S NAME (Type),T. C.			D_Actg_Dir	ecto	Profes	aior	al se	rvices,	Perry	Poi	nt,	Md.
2	20 BURIAL, CREMATION REMOVAL (SOCCIE) REMOVAL			22c. NAME OF CEMET					ON (City, lown,			(Stot	e)
-		12-27-56) ·	Arlington	Nat:				yer, Vir	~			
2	3. FUNERAL DIRECTOR'S	SIGNATURE	P	ADDRESS				BY REGIST	. 1		IGNATUI	RE	1 1
L.	- Destroy Market	and anything	me	Havre DeG	race	Md. D	DATE /	1-24	-54 Inc	no 9	, Y	Lever	cheste

TO HESPITAL OR NITENDED PHYSICIAN; The law requires that the Beath certificate be executed within 14 haurs after death. Page 11 may be refired by the heapilial or attending playsician.

TO FUNER

ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shall be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

the funeral director, should be filed with

2 .V UARAUS

DATE SEINE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12354 CERTIFICATE OF DEATH 12386 Ren Dist No filed with 1. PLACE OF DEATH 2 HSUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY Cecil MARYLAND Cecil death. b CITY OR TOWN (If outside corporate limits, write uneral C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest town) pe-4 months Conowingo Rural pluod d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES TO NO TO NAME OF Sient Middle 4. DATE Last Month Dav Year DECEASED Pages (Type or print) DEATH Helen Elaine 19.5 Burton Dec 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 5 SEX JE LINDER LYEAR IF LINDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years pletely lost birthday Months Days Hours WIDOWED [7] DIVORCED [7] Female White 30 777 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Infant pon Elkton. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5/0 certificote John Burton physicia reprave o Marie Willen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address offending Conowingo . Md John F. Burton CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. Bilateral Broncho Pneumonia hurs **DUE TO** Ë guy Conditions, if ony, which signed gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Dov. Year 20f. (City or town) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) White Not while of work of work p. m. 21. I certify that attended the deceased from 19____that I last saw the deceased alive an. AM, from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, stote) Rising Sun. ACTUAL SIGNATUR Cecil PHYSICIAN'S NAME (Type) Rising Sun. .C.Dodson. FUNER 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) bage REMOVAL (Specify) Buria. Dec 10.1956 Cem. honewell lear ort Denosit 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REDISTRAR'S SIGNATURE V5 A15 (4) 1SM 9/SS 30X V6

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111.000 Min

	MARYL	AND	STATE DEPART	MENT OF	HEALTH	I—BAL1	IMORE, I	8 1	235	5
	123	365	CERTIFIC	ATE OF	DEATH	1		Reg. Dis	t. No.	12
1. PLACE OF DEATH 6. COUNTY Cecil			MARYLAND	o. STATE	evland	ere deceased	lived. If institute b. COUNTY		e before od	lmission)
	f autside carparate limit	s, write	c. LENGTH OF STAY IN 18			ulside carpor	ate limits, write R			tawn)
Elkt			9 hours	No	rth Eas	t				>
OR INSTITUTION	AL (If not in hospital, g Union Hospi		address)	d. STREET	ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED	Fin		Middle		Los?	4. DATE	Mon	th	Day	Year
(Type or print)	ABEI	_	C	CAMERON		DEATH	December	: 14		1956
5 SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B DATE OF BI	RTH	1	AGE (In years last birthday)			NDER 24 HRS
Ma1e	White	WIDOW	ED DIVORCED	May 8.	1875.		81 yrs	Months	Days Ho	lurs Min
10a. USUAL OCCUPATIO	ON (Give kind of work oring life, even if retired)	lane 10b.	KIND OF BUSINESS OR IN	OUSTRY 11. BIRTH	PLACE (State	ar fareign ca	untry)	12 CITI	ZEN OF W	HAT COUNTRY
Brick Manu			Fire Brick	7	Prylan	d		U	.S.A	
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	IAME				
	elson Camer			Arr	nie L.	Craig				
15, WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT			Addi	ress		
no			219-05-6870	J.N.1so	n Came	ron N	orth Las	t . M. 1	rvland	
18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne for (a), (b), and (c).]							L BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	F	ULMONAK						UNSEI A	2 hour
, ,	DUE TO		CUTE HE	HRT I	INSU	FFIC	1ENCY	1		
Conditions, if a	ny, which) (b)		SILICO	515 +1	NUE	TER	HTED		10	year
gave rise to in casse (a), stating lying cause last.	mmediate (=	116 AC					1605	i	
PART II. OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	PE	AS AUTOPSY ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	e of injury in f	Part I or Port	II af ilem 18.)			
20c. TIME OF INJUST	Y Month, Day, Yea	While of war	Nat while	PLACE OF INJUR' factory, street, of	Y (Hame, farm fice bldg., etc.	, 20f. (City	or tawn)	(Co	ounty)	(State)
21. I certify th	at Lattended the	deceas	ed from NOU.	1 193	T. la	Dec .	14 1050	that I le	ast saw t	he decease
alive on De	c. 13.5	6. 19	, and that dea			M from				
		4 /	i. 1	00001100			eel, city or town,		e duie si	DATE SIGNE
ACTUAL SIGNATURE	<i>O</i> ,	40	Vogel	_ M.D	No	DRTH	L EAS	7	12-	-15-50
PHYSICIAN'S NAME (Type)	07	TO	VOGE	140		No	RTH E	457		
220 BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO		22c. NAME OF CEMETERY				ON (City, town, o	_	,	(State)
23. EUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'	D BY REGISTR		STRAR'S SIG		M-3
Jerus ;	7. Brank	orth	East, Marylan	nd	DATE A	ec17	7	3173	ras	1-cz_

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 .V UASAU 9. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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DECENTED

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V\$ A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12388

CERTIFICATE OF DEATH

12357

									MAR' DIRE	140.	
1. PLACE OF DEATH a. COUNTY	Cecil		MARY	AND	2. USUAL RESI	Maryl		d lived. If institut b. COUNT		befare admission)	
b. CITY OR TOWN (If outside carporate limits,	write	c. LENGTH OF STAY I	N lb	c. CITY OR			rate limits, write	RURAL and giv	e nearest tawn	
RURAL and give n	v Point		Lyrs.8mo.	10d:	li	Balti				4	
	TAL (If not in hospital, give				d. STREET A	DDRESS				e. IS RESIDEN	NCE
Veterans .	<u>Administrati</u>	on H	ospital			1014 H	lewitt	Way		ON A FAI	
3. NAME OF DECEASED (Type or print)	JAME	S	Middle C _a		DOT		4. DATE OF DEATH	Decemb		Day Year 4 19	56
5. SEX	6. COLOR OR RACE 7	- MARRI	ED NEVER MARRIE	D K	B. DATE OF BIRT	Н		9 AGE (In years	IF UNDER 1	YEAR IF UNDER 24	4 HRS.
Male	White v	/IDOWE	D DIVORCED	0	12-8-99	5		last birthday)	Manths D	ays Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do: king life, even if retired)	ne 10b. I	(IND OF BUSINESS OF	RINDU	STRY 11, BIRTHPL	ACE (State i	or fareign a			EN OF WHAT CO	UNTRY
Labore	king life, even it retired)		Unknown		Ton	nessee			US	2A	
13. FATHER'S NAME					14. MOTHER'S				0,	785	
	Ulysses G. 1	Onte	on		h'antr	Alice	Maic	ht			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE			17. +	NFORMANT	VIICE	MI. T.E.		fress		
Yes no, or unknown)	(If yes, give wor or dotes of servi	ėe)	unknown		spital F	Record	s, VA			, 1'd.	
18. CAUSE OF DEA	ATH (Enter only one cous	per lin	e for (a), (b), and (c).]							INTERVAL BETWE	EEN
PART 1. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tu	berculosis	, pı	lmonary,	far	advan	ced, rig	ht	Unimown	ATH
	DUE TO		per lobe								
Conditions, If a	inv. which \ a.	_								**	
gave rise to i	mmediate (
lying cause last.	the unger-										
	HER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GI	VEN IN PART I	to 19 WAS AUTO	OPSY
AII			rioscleros:						known	PERFORME	D?
200. ACCIDENT W			RIBE HOW INJURY OC						MIONII	YES X NO	<u> </u>
T (IF EITHER, NOTIFY	AS UNDERLYING (1) 20 G (1) CAUSE OF DEATH MEDICAL EXAMINER)		ALL THOSE HOOKE OF		o. temer maiore a	111/07/ 11/	u i, , u, , u,	11 01 110111 12 7			
20c. TIME OF INJUI Haur a. js. p. m.	RY Month, Day, Year	20d. IN	JURY OCCURRED	20e, PL	ACE OF INJURY	Home, farm,	20f. (City	or town)	(Co	inty) ((State)
Haur a. ji.	19	While	Not while of wark	fo	ctory, street, affice	bldg., etc.)				•	
	national the d			21.	10/12	to De	cembe:	r 1. 1056	art common	S G G S O LINE CHIEF	enra en
athromocox		21 0 77	YYYY and that	death							
Giret deposit 2000	.1 ()	7	SALE GILO INGI	ucum	accorred at			reet, city or town		DATE :	
ACTUAL SIGNATURE	W. Wy		5		M.D. V.A.			Perry P			
PHYSICIAN'S NAME (Typo)	W. OPPLER				Dire	ector,	Frof	essional	Servio	es	
220. BURIAL, CREMATIC	N. 225. DATE THEREOF		22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCA1	ION (City, town,	or county)	(State)	
REMOVAL (Specify)	12-6-56		Baltimon	re N	Mational		Bal	timore,	lid.		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIGN	ATURE	/ /
Penningto	on % yon Hay	vre	de Grace, 1	fd.			1-9-		- E	de la	, le

BRUEVA A. &

DEC. 11 1956

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Kesidence before admission) director filed wi n COUNTY h COUNTY MARYLAND D b. CITY OR TOWN I is outside/corporate limits, write RURAL and Division of the state of the stat c. LENGTH OF STAY IN 16 CITY OF TOWN portife limits, write RURAL and give negrest lown) pe d. NAME OF HOSP TAL (If not in hospita), give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3 NAME OF 4 DATE Lost Year DECEASED OF DEATH (Type/or print) SEY 6. COLOR OF RACE 8CDANS OF BIRTH AGE (In years lan birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T Months Doys Hours Min. DIVORCED [7] papers. SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLAGE during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? corban after 14. MOTHER'S, MA 13. FATHER'S NAME physician Dove Maurs 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service: CAUSE OF DEATH [Enter only one couse per fine fg?] (b), and (c). INTERVAL BETWEEN ONBET AND DEATH à PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** à Ë any Canditians, if any, which gned gove rise to immediate DUE TO Ž. cosse (o), stating the underlying cause lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166/19. WAS AUTOPSY PERFORMED? burial YES NO CERTIFIC 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 19.) 80 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, affice bldg , etc.) O. m. While Not while 19 at work of water D. m. ottended the deceosed 195 Chot I last saw the deceased from Workrom the couses and on the date stoted above. d by the DATE SIGNED ACTUAL Pe PHYSICIAN'S NAME (Type) FUNEI 22b. DATE THEREOF BURIAL CREMATION, 22d NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county (State) page REMOVAL (Specify) -1956 Vemeterv Mid 2 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS: 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS ton, md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EUNZAU V. S.

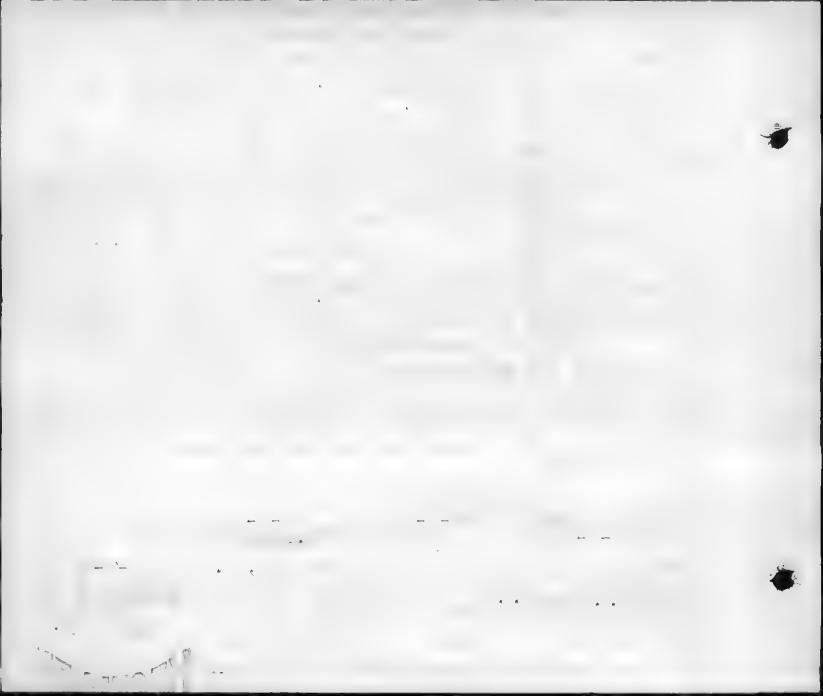
VS A15 (4) 15M 9/SS

12389

CERTIFICATE OF DEATH

		1	Z	ป	Ü	9
Fa.	Dist.	No.				

_													
i.	PLACE OF DEATH	0		MARY	LAND	2. USUAL RESIDENCE (V	Where decease	d lived. If instituti b. COUNTY	_	_	e admiss	iian)	
	b. CITY OR TOWN (I	founde corporate limite corest temps Run Run	al	57 yrs		c city or town (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rural							
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, g	ive street	address)		d. STREET ADDRESS						SIDENCE /	
3.	NAME OF DECEASED (Type or print)	Pete	r	Rickla		Hansen	4. DATE OF DEATH	Dec	th 3 .	20	5	Year 56	
5	ale	6. COLOR OR RACE	7. MARE	RIED A NEVER MARRIE	_	Oct. 18,1	873	9. AGE (In years last birthday) 83 yrs.	Months	Days	Hours	ER 24 HRS. Min	
10	New Total	ON (Give kind of work of the life, even it relired)	done 10b.	Owner	R INDU	Jhesvieg			1	ZEN O		COUNTRY	
13	. FATHER'S NAME		-			14. MOTHER'S MAIDEN	NAME						
		Nicklas H	Ians	en		Matild	a Cla	aussen					
15		R IN U. S. ARMED FOR (If yes, give wor or dates of H		SOCIAL SECURITY NO.		arryHan		North		ı.d.	.Box	c 44	
	Conditions, if or gove rise to it cotse (o), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Thy, which the under- the under- (c)	Ar	Chronic	Myo					ONS	RVAL BE	DEATH	
CERTIFICATION	PAIS II. OTH					NOT RELATED TO THE TER			EN IN PART	1(0) 19	PERFO	AUTOPSY DRMED?	
	1	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE). (Enter nature of injury i	n Parl 1 ar Parl	t (1 of item 18.)					
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while k ot work	20e. PL/ fac	CE OF INJURY IHome, fai tary, street, affice bldg., e	rm, 20f. (City etc.)	or lawn)	(Ca	ounty		(State)	
	ACTUAL SIGNATURE	28-56 Pleto	- 12 OC		death	accurred at <u>ll</u>	ADDRESS (Si	n the causes a litel, city or town,	nd on th		e state		
2		C.Dodson N. 226. DATE THEREO Dec. 31	F	22c. NAME OF CEME				ION (City, town, o		.t	(State		
23	L'Earl DIRECTOR	S SIGNATURE	Ri	ADDRESS	1.	nd 20 88	C'D BY REGIST	To Ly	TRAR'S SIG	NATURE	tur	into	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

PECEDA FI

				123	390	CER.	TIFICA	ATE OF DEAT	TH		Reg. D	123 Dist. No.	96
	1.	Cecil				MA	ARYLAND	2. USUAL RESIDENCE (g. STATE D. C.	Where decease	d lived If instit b. COUN		ence before o	admissio
		b. CITY OR TOWN	(If autside car	porote limi	ts, write c	LENGTH OF ST	AY IN 16	c. CITY OR TOWN (f autside carpo	rate limits, write	e RURAL and	give neares	I lown)
X		Perry P				1 mg. 28	days	Washir	gton.			î	
		d. NAME OF HOSE OR INSTITUTION	PITAL (If not in	hospital, g	ive street add	dress)		d. STREET ADDRESS				e, I	IS RESTO
	L				_	Hospital		29-461	h St.	S.B.			ES 🗍
		NAME OF DECEASED		Fir	st	Mid	dle	Lost	4. DATE	N	Aonth	Day	Ye
		(Type or print)		Wil:	liam	Jame	95	Hudson	OF DEATH	Decem	ber	21.	15
	5. 3	EX	6. COLOR	OR RACE	7. MARRIEC	NEVER MAI	RRIED 🔲	8. DATE OF SIRTH		9. AGE (In year	IF UNDE	R I YEAR IF	
		dale	Negro		WIDOWED		CED 🔲	5-6-19		last birthday	Months	Days H	lours
	10a	. USUAL OCCUPAT	TION (Give kind	d of work	dane 10b. Kil	ND OF BUSINES	OR INDUS	STRY 11. BIRTHPLACE (Sic	te ar fareign c	ountry)	13 C	ITIZEN OF Y	WHAT C
1		dachinist			Unk			Macon, G	L ₀		U.	S.A.	
75*	13	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME				
1		John Hudson Hattie Green											
-	15	WAS DECEASED E	VER IN U. S. Al	RMED FOR	CE57 16. SO	CIAL SECURITY I	NO 17. II	NFORMANT		A	ddress		
1		Yes	WW11			14 556	L VAE	. Records,	Perry P	oint, M	d.		
ľ		18. CAUSE OF D	EATH [Enter o	nly one co	use per line	for (a), (b), and	(c)-]					INTERVAL BETW	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia, bilateral, unresolved										ONSET AND D		
				erroor fo	-								
				DUE TO)								
		Canditions, if				lonephri	tis.b					Unk	mow
		Canditions, if	ony, which)	(b	Pye			ilateral, sev					
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	NO	Canditions, if gave rise to cause (a), statin lying cause los	ony, which immediate g the under-	(b DUE TO	Pyèc Pro	static h thral st	ypert rictu	ilateral, sev	ere		GIVEN IN PA	Unk Unk	MOM WAS AL
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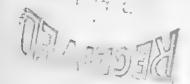
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death. funeral

BUREAU V. E.



30 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12363	
8 8 8		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 92	-
please exe 4 shauld b	/ - \	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 4. COUNTY Cecil	
Page burial	M	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ond give nearest form) LIKton	
y is necessary	9.	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Hospital D.O.A. d. STREET ADDRESS ON A FA YES \(\sigma \) NOTTH St.	RM?
uneral of your fi			56
to the fined for		M WIDOWED DIVORCED Jan.6, 1891 9. AGE (in years lead brightedy) Months Days Hours Min	
fler dea and 3 be reta		. USUAL OCCUPATION (Give kind of work done look. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY STORE ST	NTRY?
es 1, 2, 5 may	3.	Angeles Limnions Unknown	
vithin 24 hau Give Pages 13. Page 5 r		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Angeles Limniots, 426 North St.	
uted with n 18. G nrm PM3. permit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Acute Coronary Thrombosis	
auld be exec pencil in Iter plang with fo burial-transit		Canditions, if any, which (b) (b) (c), stating the underlying (DUE TO	
ficate shauld ing" in pend Office alanged as a burit		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTO PERFORME! YES 7 NO	PSY D?
his certil d 'pend aminer's		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of fitem 18) CAUSE OF DEATH.	
MINER: The g the wardedical Expansion 3 shaul		20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While Not while of work at work at work 19 of work 19 work	(eta)
AL EXAM F, writing Chief Mec TOR: Pagi		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry and find death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined cause	that
MEDIC. Tificate 5 the L DIREC		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	D
cute the farward o FUNERA		EXAMINER'S NAME (Type) R. C. DOGSON DEPUTY MEDICAL EXAMINER 12-5-56 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
to DEF		Buriar Dec. 8, 1956 Elkton Cemetery Elkton Md.	
VS. A15ME(5) 5M 9/55		Funderal Director's Signature 103 Stockton Street, 240. REC'D By REGISTRAR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 11/8/16 PAGE Author 1/8/16 PAGE AND PROPERTY OF THE PROPERT	er





HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECEDAED

BUREAU V. A.

CERTIFICATE OF DEATH 12371 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) funeral dire. a. COUNTY g. STATE Grania Berkley County COUNTY MARYLAND 133 Cecil hammann W. Va b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) RURAL and give nearest town) Martinsburg weeks mitallisinemerstellen menterbeitet. Va. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS. IS RESIDENCE OR INSTITUTION ON A FARM? College Street YES NO Union Hospital 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED DEATH (Type or print) 1956 Virginia Owens December 6. COLOR OR RACE S. SEX 7. MARRIED TNEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days female White June 26,1916 WIDOWED [7] DIVORCED [papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Martinsburg West Virginia USA puo Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 physician Hattie Stoll Preston Shade remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 236-16-384: Theo Shade-brother Elkton, Md. C73 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown Diabetes Mellitus **DUE TO** Conditions, if any, which] gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Diabetic coma -3 days. Uremia-unkown time. YES 🔲 NO 🕡 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year (County) (Stote) factory, street, office bldg., etc.) a. m. While Not while at work 🗍 ol work . 1956 to Dec 3 1956 that I last saw the deceased 21. I certify that I attended the deceased from Dec ... alive on Dec and that death occurred at 4130p M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stelle) SIGNATURE PHYSICIAN'S Wallace Obenshain Cecilton, Md. NAME (Type) moy be r 226. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial (Specify) Dec.7.1956 Martinsburg, West Va. Martinsburg. West Virginia 0 **FUNERAL DIRECTOR'S SIGNATURE** 246. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE Stockton Street Elkton, Maryland

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EUREAU V. S.

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DEC 17 1946

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	40000
4 0%		12372 CERTIFICATE OF DEATH Reg. D	12367_
Poge directo	1,	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Reside a. STATE D. C. STATE C. C. STATE D. C. COUNTY C. C	ence before admission)
death funeral	ı	b. CITY OR TOWN (If autside carporate limits, write RURAL and give jears to the stay in 16 C. CITY OR TOWN (If outside carporate limits, write RURAL and give jears to the stay in the sta	give nearest town)
at a series Co.		d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION OF INSTITUTION	IS RESIDENCE ON A FARM? YES NO
n 24 ha filled in ges 1 an	3.	NAME OF DECEASED (Type or print) Clivary Lea Parento DEATH Dec	Day Year 2 3 19 5 6
pletely irs. Pog		male White WIDOWED DIVORCED Dec 20,1956 lost birthdoy yrs. Months	R 1 YEAR IF UNDER 24 HRS Ogys Hours Min.
nd com on pope death.	L	during most of working life, even if retired) Pary land	TITIZEN OF WHAT COUNTRY
sician a ve corbi	L	Bernard Prevento Thilam	
ing physic remover 172 hour	115	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bernard Prevents R. Address Bernard Prevents R.	31.43
he deat		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Advensel Farlare	INTERVAL BETWEEN ONSET AND DEATH
s that I		Conditions, it ony, which) (b) Prematurity	
on. signer		gave rise to immediate case (a), stating the under-typing cause tast. DUE TO	
physici physici has bee rial-tror moval, c	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ifficate the bu	L CERTIFI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC tol or of this cerl if use of remotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While at work at wark 19 at work 19 At	(County) (State)
NDING Be hospit After ched fo uriol, cr		21. I certify that I attended the deceased from 19 to 23 Rec 1956, that I alive on 23 Dec 1956, and that death occurred at M, from the causes and on	lost saw the decease
d by the CCTOR be deto ior to b		ACTUAL Clifton R. Brooks M.D. Unin Hog Of Cecil Co	DATE SIGNER
RA should stron pr		NAME (Type) manes Charel	
may be poge 3 the regit	L	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial, CREMATORY B	
VS A15 (4) 15M 9755	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELMTON, Md. 24d. RECID BY REGISTRAR 24b. REGISTRAR S.S. DATE DICE 27 FR	Frages
		PIPPIN 1-UNENTET 2065348XV2	0



death! Page

O HOSPITAL

BUTEAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(5) 5M 9/55

Rea, Dist. No. e. IS RES DENCE ON A FARM? YES NO R 56 10 IFUNDER LYFAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Nashville. Tenn Neill Ave. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES T NO [(County) (State) DATE SIGNED 12-12-56 (Stote)

& .V UATALL

DEC 17 :

(Year)

IF UNDER 24 HRS

NO TO

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12372

ı		CER	IIFICAII	E OF DEA	AIH	Ga	
	Literus P9 Grazil	3/27/576			Res	Dist. No	
	1. PLACE OF DEATH	2 0		2. USUAL RESIDE	NGE (HOME) OF DEC	EASED	
	COUNTY Q.L	Cil	MARYLAND	STATE // WIL	Mary COUNTY	ari	
	CITY (If outside correctate tim OR and give neadest town) TOWN	its, write RURAL	LENGTH OF STAY (in this place)	CITY (If outside of OR TOWN	Chelles	give neerest town)	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rure) give	ocetion)	
	3. NAME OF DECEASED (Type or Print)	(mi) Day	(Middle)	Opel	4. DATE Aprilh	(Day) (Ye	7.5%
	Dala Reserve	7. SINGLE, MARS WIDOWED, AND	RIED, IVORCED,	OF BIRTH	A-2	IF UNDER 1 YEAR IF UNDER Hours	
	10. USUAL OCCUPATION (Give k	and of work 10b, K!	IND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN, OF WH	LAT .
	13. FATHER'S NAME	olk So	oou	CATMOTHER'S MAIDEN	Il Colo	Brian	
	15. WAS DECEASED EVER IN U. S (Yes, no, of) unit;) of Yes, give w		6. SOCIAL SECURITY NO.	INFORMANT &	1 Soll +	- ADM	
	I DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	inahilkalin	INTERVAL BET ONSET AND I	WEEN
	7230 IMMEDIATE CAUSE	(A)	Via Via Valletica	or Groon Usia	20 wholeas	100 th 2 3 4	20
	ANTECEDENT CAUSE! DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L	ANY, (B)	Lineral	afteresse	Exposes	zinkner	M
	11 OTHER SIGNIFICANT CONDITION	(C)		<i>V</i>			
	TO THE DEATH BUT NOT RELATE	ED TO THE					
	190. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION			20. AUTOP	
	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH OF INJURY street,	ne, farm, factory, office bidg., etc.)	21c. WHERE DID INJURY OCC	UR7 (City or town)	(County) (Stat	
	21d. TIME OF INJURY (Month)	WI	e. INJURY OCCURRED hile Not while work at work	21f. HOW DID INJURY OCC	UR ?		
	22. I hereby certify the	11	eased from LLLA	1 . // .	causes and on the da		ceased
	BIGNATURE	H M Son	with M.D.	Ell	DRESS (Sirekt all? town,	stotol BATE S	IGNED
	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	12-31-195	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town)	of county)	(State)
	24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	1
١	DATE /3/37	1 271 Ja	rage	M Herry	Jepp Es	18 mount	· st.

ET & NVI

12373

12396 CERTIFICATE OF DEATH

Reg. Dist. No. 96

7		1 14 0 0								MARIE PINIT	110, 4	_
1.	PLACE OF DEATH c. COUNTY Cecil			MARI	rland	D. STATE	DENCE (Whe	ere decease	d lived. If institution 6 COUNTY	n. Residence I	before adm	nission)
	b. CITY OR TOWN (If a RURAL and give near	rest lown)		LENGTH OF STAY			TOWN (IF or		prote limits, write RU	RAL and give	nearest fo	own)
	d. NAME OF HOSPITAL OR INSTITUTION	L (If not in haspital, giv			D	d. STREET		CON		Secrety.	e. IS F	RESIDENCE A FARM?
L	Veterans Ad					83) Jeff	erson	St. N. W.		YES	NO T
3.	NAME OF DECEASED (Type or print)	fint Zohn		Middle		Smi.		4. DATE OF DEATH	December		22.	Year 19 56
Ľ			MARRIES	NEVER MARRI		8. DATE OF BIR			9. AGE (In years	Months Do	EAR IF UN	IDER 24 HRS
	USUAL OCCUPATION	(Give kind of work do			200		_	or foreign o		12 CITIZE	N OF WH	AT COUNTRY
1_	ovt Clerk	g life, even if retired)	1_	eral			h Dako		**	U.	S.A.	
	FATHER'S NAME			V2 42		14. MOTHER						
E	arry W. Smi	th. Jr.				Ada W	adswor	th				
A15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16 50	CIAL SECURITY NO	i	NFORMANT			Addre			
1.	es 1	rw1	579	28 7014		H, Reco	rds, P	erry	Point, Md	•		
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL	BETWEEN ND DEATH
	PART I DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)_	Br	oncho-Pne	umor	ia, bila	teral,	inres	olved			days
	450.0	DUE TO			P							
	Conditions, if ony						nifest	ed by	cysts an	1	Unkn	OWN
	gove rise to immediate cause (a), stating the under lying couse lost. DUE TO areas of necrosis, generalized, severe.									Unkn	OWD	
CERTIFICATION		R SIGNIFICANT COND	TIONS COL	NTRIBUTING TO DE	ATH BUT	NOT RELATED T	O THE TERMIN	IAL DISEAS	E CONDITION GIVE	N IN PART 1	o) 19. WA PER YES	S AUTOPSY FORMED? NO
CERTIF	20a, ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING [] 2 CAUSE OF DEATH EDICAL EXAMINER)	06. DESCRI	BE HOW INJURY O	CCURRE	D. (Enter nature	of injury in Pi	orl 1 or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. gi.	Month, Day, Year	While	Not while	20e. Pi.	ACE OF INJURY clary, street, affic	(Home, form, e bldg., etc.)	20f. (City	or town)	(Cou	nty)	(State)
2		Tattandad the s			23.	10.56	. Dec	ember	22, 1956			
	21. I contry ind	tationded the d	seceasea	Trompage 4	A I	, 9	2. 45P	OMDO1	1900	1111.0.0	10 A 15 B 44	13,60, 27.62.0-4
	THE STATE OF			harry ond indi	Geam	occurred di			TI THE COUSES OF Ireel, city or town, sl			DATE SIGNE
	ACTUAL SIGNATURE	- / -	il)			M.D. V. A.			Perry Poi	•		1.2/23/8
	PHYSICIAN'S NAME (Type) E	M. I S. EIJS/Act		drector.	Prof	essional	Servi	ces.	VAH Per	ry Poi	at_Md	
22	REMOVAL (Specify)	12-23-56	2	ZZC. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (C ty. town, or	county)	(\$1	tote)
23	ROMOTAL PRECTOR'S	SIGNATURE -		rlington			240. REC'D			V1rg1		
	1162 77 77	CAL EN MC. Y		-1985 St.		0 1			7	d - 21-25-2	5.1	make
	'DA A GI	VENUEN COLUMN MANAGEMENT	7047	II DOLAN	1 67		I DAIL / and	300		- Promise C	m a Chart a	The same of the sa

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 lights after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL EECTOR: After this certificate has been signed by the attending physician and campletely filled in 52 the funeral director, page 3 shaked be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed-with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12374
1/2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 97
1.	PLACE OF DEATH e. COUNTY Cecil ARRYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before edmission) a. STATE Md. b. COUNTY Cecil
	b. CITY OR TOWN [It outside corporate limits, write BURAL ond give nearest town] ond give nearest town) E1kton C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1kton
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Hospital d. STREET ADDRESS ON A FARM? YES NO E
	3. NAME OF DECEASED CAPI Los Speck Seath 12 11 19 56
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 1-13-1925 9. AGE (In years life UNDER 14EAR) IF UNDER 24 HRS. Again birth day 3 Jyrs. Manths Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Shole or foreign country) during most of working life, even if selired) Attendant Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
)	In ther Boyd Sneck Mary Lou England 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elkton, Md. 17. INFORMANT Address Elkton, Md. 18. WW. 2 2/5-32-9428 Mildred Speck. 311 Hollingworth, Mano:
,	PART I. DEATH WAS CAUSED BY: Compound fracture Base of Skullalso Compound fracture Base of Skullalso
	Conditions, if any, which) (b) right frontal bone through right eye
	conditions, if any, which gove rise to immediate course (o), stating the underlying course lost. Conditions, if any, which the property of the course of th
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Item 1B.) Car ran under a truckloaded with steel
*	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or town) (Stole) Hour o. m. 12-119 56 of work at work a
	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X] and find that death resulted from: Natural causes [], Accident []; Suicide [], Hamicide [], Undetermined couse [].
	ACTUAL SIGNATURE LEADER ALLOTT M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
	EXAMINER'S R.C. Dodson DEPUTY MEDICAL EXAMINER 12-11-56
	220. BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toyn, or country) Burial (Society) Cell Co. Mo
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE DIE JAGO BY REGISTRAR 246. REG. STRAPS SIGNATURE DATE DIC 15 FREGUE

BUREAU V. R.

DECENTION DEC

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
I A	12376 CERTIFICATE OF DEATH Reg. Dist. No.
fixed with	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b. COUNTY C. F.C. / B. C. /
Id be for	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) EIKTON
a or	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? ON A FARM? SOI HOLL: NOS WORTH STREET YES NO NO
illed in	3. NAME OF DECEASED (Type or print) Edward C. Taylor DEATH Dec. 11 1926
iletely fillis.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 101 No.
ond comple bon papers. er death.	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote for foreign country) LECTR 12. CITIZEN OF WHAT COUNTRY? LECTR 13. CITIZEN OF WHAT COUNTRY? LECTR 14. CITIZEN OF WHAT COUNTRY?
e g t	13. FATHER'S NAME SIGNEY TAYLOR FLANA LNORAM
phys mov hau	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17 INFORMANT (1's), no. or partners) 18 year gree work or dorm of service) 136-01-011311 RS. DORETHY PROVES EIKTON 1110.
attending n please re within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
by the	DUE TO Conditions, if any, which) (b)
ingred b signed b iit permit ad in ony	gove rise to immediate covise (a), stating the under-lying cause last. Out to covise (a), stating the under-lying cause last.
physician os been s ial-transit aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ending pl	200. ACCIDENT WAS UNDERLYING CORECTION OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CO
al or off his certil use as emotion.	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Howr o. m. While Not while of work of the otwork of the o
hospile After t thed for riol, cre	21. I certify that I attended the deceased from NOC t. G., 1956, to N. from the causes and an the date stated above.
d by the	ACTUAL SIGNATURE ON CLOUD H. Source for IMD. Secret, city or fown, stote) ACTUAL SIGNATURE ON CLOUD H. Source for IMD. Secret, city or fown, stote) ACTUAL SIGNATURE ON CLOUD H. Source for IMD. Secret, city or fown, stote)
e e	PHYSICIAN'S MILFORD H. SPRECHER, EIKTEN Md
moy be reformed by the registrar	220. BUR.AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) SEMOVAL (Specify) 12-16-1936 SUNSET MEMORIAL (Charles Town)
VS A15 (4)	23. ANNERAL DIRECTOR'S SIGNAPURE ALL ADDRESS STATE DATE DEC 15 240. REGISTRAR 246. REGISTRARE SIGNATURE
15M 9/SS	

DEC 19 1956

BUREAU V. S.

DEPUTY



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY UCCIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CCIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CCIL
X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give penest town) Zitke life LIKTON
·**,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital d. STREET ADDRESS ON A FARM? YES \(\sigma \) NOTTH Street
1	NAME OF DECEASED (Type or print) William William Winsinger Death December 16
1)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retired U.S. A. 12. CITIZEN OF WHAT COUNT House Elkton, Md. U.S. A.
	13. FATHER'S NAME Henry Vinsinger Cordelia Strickland
	Henry Vinsinger Uordelia Strickland 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 513 Northol S
*	Ars. Carrie W. Vinsinger, Elkton, Ad
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the under lying cause lost. DUE TO Lying cause lost. (c) Cerebul turnings with humpbyin Supers Cerebul turnings with humpbyin Supers Consisting the under lying cause lost. (c)
*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPS PERFORMED? YES NO [200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTION OF INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.) 200 ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION OF INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Not while of work of work of work of work of work 20e. PLACE OF INJURY (Hame, farm, 20f. (City or fown) (County) (State of work)
	21. I certify that I attended the deceased from 1956, to 1956, that I last saw the deceased olive on 1956, that I last saw the deceased olive on 1956, and that death occurred at 155 M, from the causes and on the date stated about ADDRESS (Street, city or town, state) DATE SIG
1	SIGNATURE S. Koff h franchis JR-MO. 23 F. Mait. Elpton, Mrs. 12/
	PHYSICIAN'S NAME (Type) 20. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 22d. LOCATION (City, town, or county) 22d. LOCATI
	23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE DATE DIC 7/ FINANCE



BUREAU V. S.

death.

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executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a may be retained by the hospital or attending physician.

TO HIND AND COLORS A Man this certificate has been stoned by the attending physician on

	Reg.	Dist. No.
~ ·	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Res	idence before admission)
 	d. COUNTY COUNTY COUNTY	Jecil
/[b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL or	W W W M
	RURAL ond give nearest town) Colvert L Yr. Chesaneske City	
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENC
	Graybeel Tursing Tode Lock St.	YES NO
1	3. NAME OF First Middle Last 4. DATE Manth OF OF	Day Year
	(Type or print) is mit Thompson . Thite DEATH Jec.	1 1956
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE (In years IFUN	DER I YEAR IF UNDER 24 H
ı	WIDOWED DIVORCED Nar. 12 1868 (ast birthday) Mont	hs Days Hours Min
, [CITIZEN OF WHAT COUN
	Tolegraph Operator Penn. R.R. Md.	U.SS
j	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Uadda
41	Clinton Johnson White Martha Williams	
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO. 17, INFORMANT Address	
0	(Yes no. or unknown) (It yes, give wer or dotes of service) No liss Bertha White Chesane.	ke City
þ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	
Т	PART I. DEATH WAS CAUSED BY:	ONSET AND DEAT
	IMMEDIATE CAUSE (0) Chronia miragandatic	
	4.2.2.1 DUE TO	
	Conditions, if any, which gave rise to immediate (b) arterio & cleeosis	
1	cosse (a), stating the under.	
1	lying couse last.) (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOF PERFORMED
7		YES NO
	200 ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INILIRY OCCURRED. (Enter nature of injury in Port Lor Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m., 19 alwark of work	[County] (Sto
ı	Hour o. m. White Not white factory, street, affice bldg., etc.)	
-1	21. I certify that I attended the deceased from 11-15 19.56, to 12-1-56	
-1	alive on	
1	ACTUAL ADDRESS (Street, city or town, state)	DATE SI
Н	SIGNATURE / CHANGE Rising Sun, Md.	12-2-5
	PHYSICIAN'S	
Ŀ	NAME (Type) R.C. DodsonM.D.	
	22c. NAME OF CEMETERY OR CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coun	ty) (State)
	Suri: 1 12/3/56 Hopewell Cem. Cecil	5.5
2	23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS 240, REC'D BY REGISTRAR 246. REGISTRAR	SIGNATURE
	H. Walter der Ben L. Elkin Bed. Date 76/18 2. M.	MININA
í	1104. 1000 1 2000	10091

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be relayed by the haspital ar attending physician.	EC	90	20
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1		MARY	LAND	STATE DEPA	RTM	ENT OF HEALTI	H-BALT	IMORE, 18	3	12380
		12	378	CERTI	FIC.	TE OF DEATI	Н		Reg. Dist. N	(12
1.	PLACE OF DEATH	ecil		MARY	LAND	2. USUAL RESIDENCE (W				fore admission)
	b. CITY OR TOWN RURAL and give	(If outside corporate lim negrest town) CLON	ils, write	c. LENGTH OF STAY	/	e. CITY OR TOWN (IF Elktor		ole limits, write RUF	RAL and give r	nearest fown)
	d. NAME OF HOSP OR INSTITUTION	Union Hospitol.	pive street spit	address)		d. STREET ADDRESS 304 Kir	ng Str	eet		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	C. Ray	nt เพอน	Middle	100	Tworth	4. DATE OF DEATH	Dec.	-	Pay Year
5.	sex Male	% COLOR OR RACE	7. MAR	RIED NEVER MARRIE		June 18, 18			Months Days	AR IF UNDER 24 HRS
10e	during most of wo	ION (Give kind of work rking life, even if refire NTY SCHOO	done 10b.	KIND OF BUSINESS OF Engineer	RINDUS	Maryla Maryla		untry)		OF WHAT COUNTR
13.	FATHER'S NAME C. W:	ilmer Wit	vort	h		14. MOTHER'S MAIDEN I		son		
1S.	WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dotes of	CES? 16.	SOCIAL SECURITY NO.		rormant rs. Elsie V	Vitwor	th 304 1		st. Elkto
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (i DUE TO DONY, which immediate j the under	o)	ine for (0), (b), and (c).]	22	Heman	hogy			ITERVAL BETWEEN NSET AND DEATH
CERTIFICATION		THER SIGNIFICANT CON	DITIONS			NOT RELATED TO THE TERM			N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	OR CONTRIBUTING	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	O. (Enter noture of injury in	Port I or Port	(I of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.		or 20d, I While at wo	Not while	20e. PL/ foc	ACE OF INJURY (Home, farm trory, street, affice bldg., etc	n. 20f. (City (or town)	(County	y) (State)
	21. I certify to alive on ACTUAL SIGNATURE	hat I attended the SLIT LANG Milford H	18-	7	death	NO. Ell	ADDRESS (SIN		d an the d	saw the decease ate stated above DATE SIGN ICC - 9-19
22	BURIAL CREMATION (Specify BUTIAL	Dec 12		Cherry	TERY O		22d. LOCATI	ON (City, town, or ry Hill	county)	(Stole) Md.
23.	ALPH E	S SIGNATURE	1,10	ADDRESS 3 Stacktage A	4, 8	letas DATE	D BY REGISTR Dec 12	AR 24b. REGISTI	RAR'S SIGNAT	ure aga_

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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